

Work Order ID 88765

August-02-12 7:53:10 AM

88765

PRELIMINARY ISSUE

Page 1

Item ID: D4635-2
Revision ID: PRELIM
Item Name: Fwd Ceiling Panel, RH

Accept

N9000040100

Setup Start *NS1*

Stop *NS2*

Start Date: 02/08/2012 Start Qty: 1.00 *1*

Required Date: 16/08/2012 Req'd Qty: 1.00 *1*

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12/08/01

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D4635

PB2

100

0.00

100

HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Cut Blanks

xl

OK
12/8/02.

105

0.00

105

Dry Material

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 KYDEX

Temp: 150°F

Time IN: 7:00 pm 12/08/01

Time OUT: 7:00 am 12/08/02.

xl

OK
12/08/02.

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 88765

August-02-12 7:53:10 AM

88765

Page 2

Item ID: D4635-2
Revision ID: PRELIM
Item Name: Fwd Ceiling Panel, RH

Accept

N9000040100

Setup Start ***NS1***
Stop ***NS2***

Start Date: 02/08/2012 Start Qty: 1.00 ***1***
Required Date: 16/08/2012 Req'd Qty: 1.00 ***1***

Cust Item ID:
Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***
Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110 *110* Thermoform Thermoforming Machine	THERMOFORMING MACHINE Memo Thermoform as per Dwg. D4635-2 and Folio FTA148 Dwg. Rev. <u>PB1</u> Folio Rev. <u>A</u>	0.00 0.00				<u>xl</u>			<u>DL</u> <u>12/08/02</u>
120 *120* QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo	0.00 0.00				<u>xl</u>			<u>DL</u> <u>12/08/02</u>
130 *130* Thermoform Thermoforming Machine	HAND FINISHING THERMOFORMING Memo Trim to Finished Dimensions	0.00 0.00				<u>xl</u>			<u>DL</u> <u>12/08/02</u>

PTO →

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: <u>88765</u> Part No. <u>D 4635-2</u> NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input checked="" type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; font-size: small;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input checked="" type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input checked="" type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input checked="" type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input checked="" type="checkbox"/>	12/08/08	130	1	TRIM AS PER PB3.		TRIM AS PER PB3	12/08/08 WH.		
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled		
<input checked="" type="checkbox"/> Other		
<u>TRIM AS PER PB3</u>		

Work Order ID 88765

88765

Page 3

Item ID: D4635-2
Revision ID: PRELIM
Item Name: Fwd Ceiling Panel, RH

Accept

N900040100

Setup Start *NS1*
Stop *NS2*

Start Date: 02/08/2012 Start Qty: 1.00 *1*
Required Date: 16/08/2012 Req'd Qty: 1.00 *1*

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan: Date: Tooling: Date:
QC: Date: SPC (Y/N): Date:

Run Start *NR1*
Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140	QC2- Inspect parts off machine FAJ/FAIB	0.00							
140									
QC	Memo	0.00				x/			12/08/08
Quality Control									
150	QC5- Inspect part completeness to step on W/O	0.00							
150									
QC	Memo	0.00							
Quality Control									
160	Packaging	0.00							
160									
Packaging	Memo	0.00							
Packaging									

DAS
16
9-89

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 88765***88765***

Page 4

August-02-12 7:53:10 AM

Item ID: D4635-2

Accept

N900040100Setup Start ***NS1***

Revision ID: PRELIM

Stop ***NS2***

Item Name: Fwd Ceiling Panel, RH

Start Date: 02/08/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 16/08/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

170

QC21- Final Inspection - Work Order Release

0.00

170

QC

Memo

0.00

Quality Control

112-08-9

POSITIVE RECALL

EFFECTIVE 7-08-02 AUTH ll

RELEASED _____ DATE _____

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

August-02-12 7:53:15 AM

Page 1

Work Order ID: 88765

88765

Parent Item: D4635-2

D4635-2

Parent Item Name: Fwd Ceiling Panel, RH

Start Date: 02/08/2012

Required Date: 16/08/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev. A New Issue 12/05/07 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MKYD6185S.080-P3-62015		Purchased		No		100	sf	1,495.838	13.36	14.84444			

MKYD6185S 080-P3-62015

6185 KYDEX .080"

**

Location

therm

116576

121755

Loc Qty

1495.838377

386.505377

1109.333

Loc Code

14.844 sq Ft.

12/08/08

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

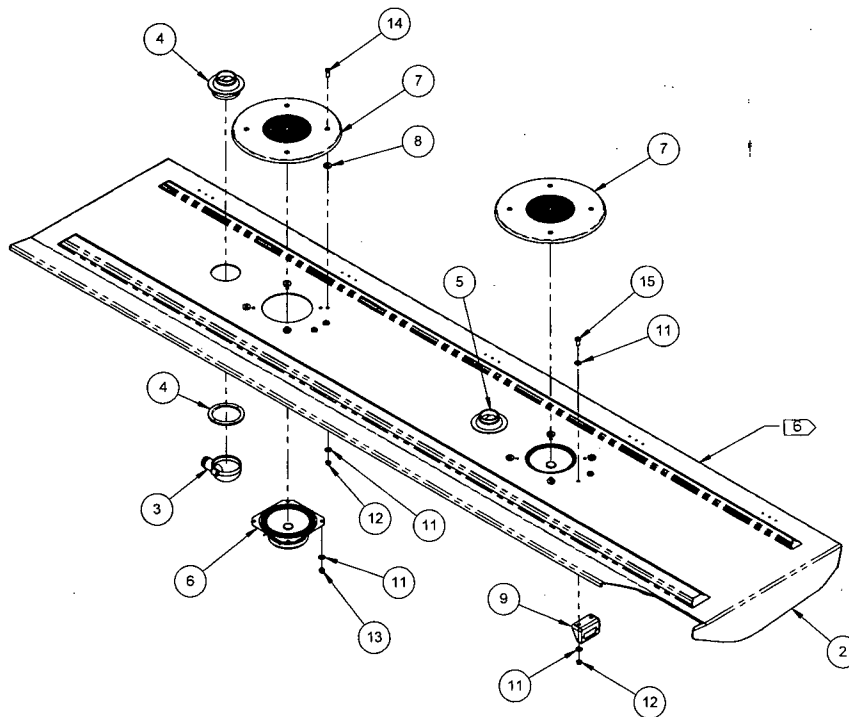
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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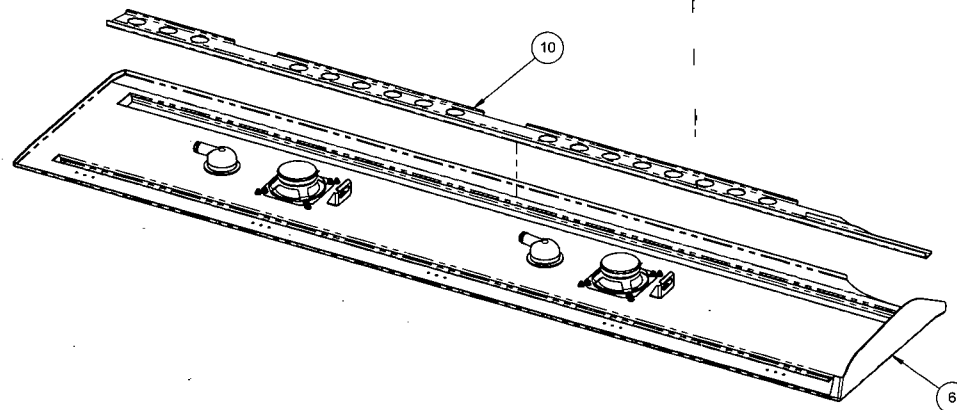
D4635-041 LH, FWD CEILING PANEL ASSY

NOTES:


- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.4, ON SMOOTH SIDE
- 7) WEIGHT: 6.17 lbs

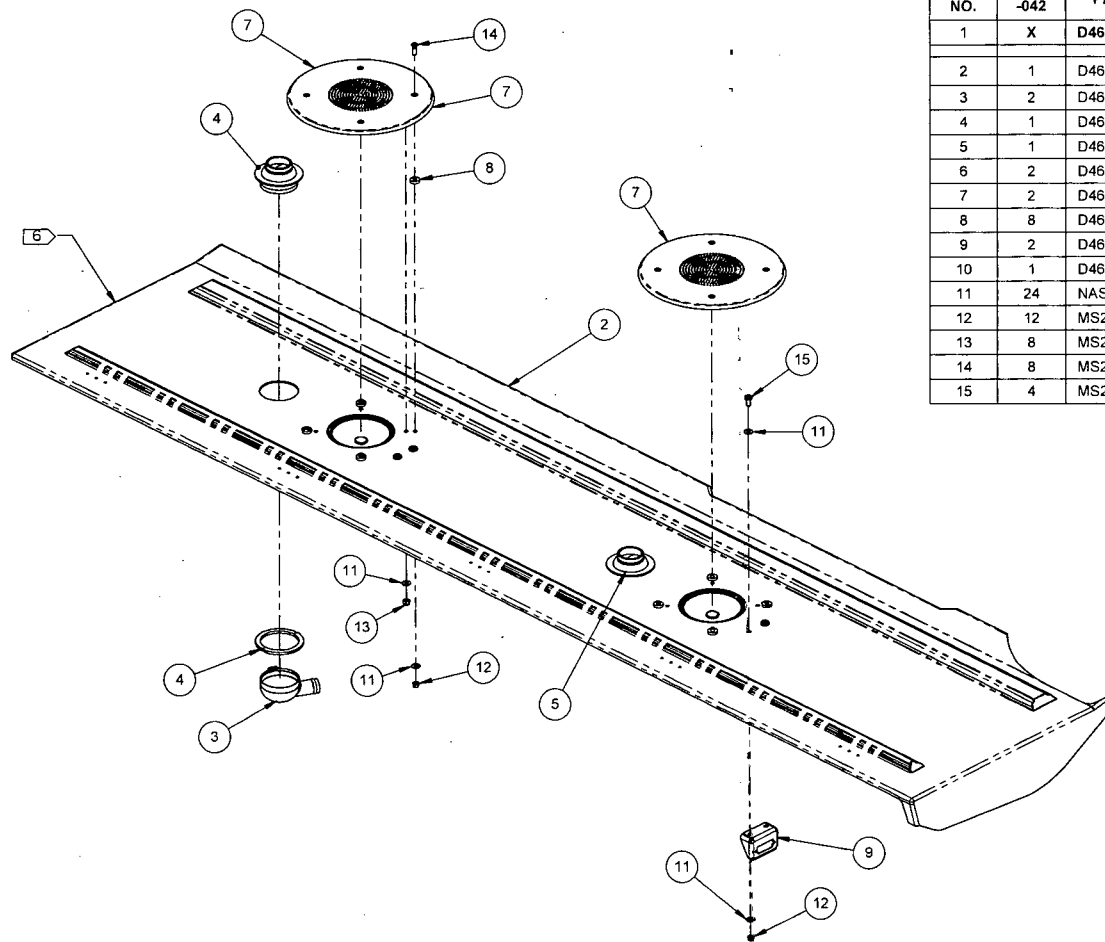
ITEM NO.	QTY. -041	PART NUMBER	DESCRIPTION
1	X	D4634-041	LH, FWD CEILING PANEL ASSY
2	1	D4435-1	LH, FWD CEILING PANEL
3	2	D4646-1	PLENUM CAP ASSEMBLY
4	1	D4652-1	AIR VALVE, 1.16 ID DISK TYPE WITH NUT
5	1	D4652-1	AIR VALVE, 1.16 ID DISK TYPE WITH NUT
6	2	D4655-1	SPEAKER
7	2	D4655-3	MOUNT BAFFLE
8	8	D4664-3	SPACER
9	2	D4669-1	BRACKET
10	1	D4695-041	LH CHANNEL ASSEMBLY
11	24	NAS1149D0332J	WASHER
12	12	MS21042L08	NUT
13	8	MS21044-N08	NUT
14	8	MS24694-S51	SCREW
15	4	MS27039-1-07	SCREW

PB3	ADD DIMENSIONS, REVISE SECTION A-A	RF	12.07.25
A	NEW ISSUE	RF	12.04.04
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. PB3
MFG. APPR.		D4635	SHEET 1 OF 12
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
DATE	12.07.25	<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



D4635-041 LH, FWD CEILING PANEL ASSY
AUXILIARY VIEW

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED		DRAWING NO.	REV. PB3
MFG. APPR.		D4635	SHEET 2 OF 12
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
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D4635-042 RH, FWD CEILING PANEL ASSY

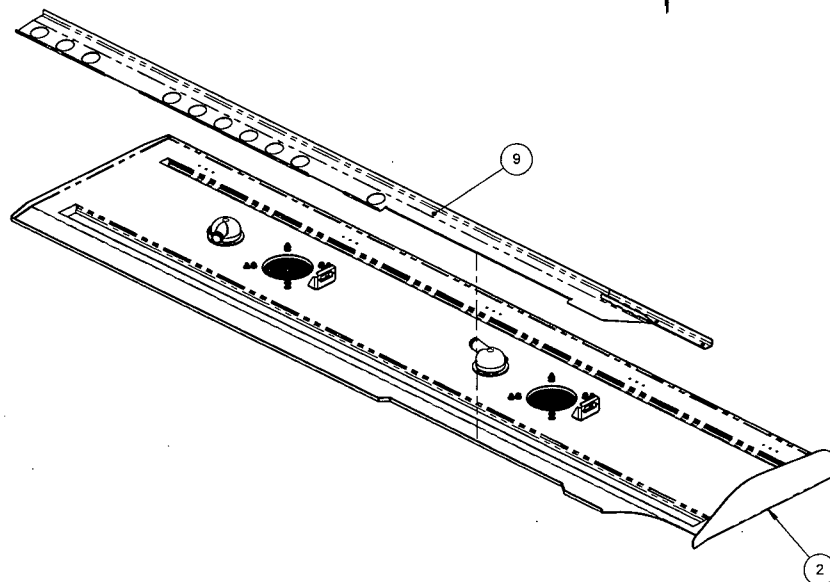
NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.4, ON SMOOTH SIDE
- 7) WEIGHT: 6.15 lbs

ITEM NO.	QTY. -042	PART NUMBER	DESCRIPTION
1	X	D4635-042	RH, FWD CEILING PANEL ASSY
2	1	D4635-2	RH, FWD CEILING PANEL
3	2	D4646-1	PLENUM CAP ASSEMBLY
4	1	D4652-1	AIR VALVE, 1.16 ID DISK TYPE WITH NUT
5	1	D4652-1	AIR VALVE, 1.16 ID DISK TYPE WITH NUT
6	2	D4655-1	SPEAKER
7	2	D4655-3	MOUNT BAFFLE
8	8	D4664-3	SPACER
9	2	D4669-1	BRACKET
10	1	D4695-042	RH CHANNEL ASSEMBLY
11	24	NAS1149D0332J	WASHER
12	12	MS21042L08	NUT
13	8	MS21044-N08	NUT
14	8	MS24694-S51	SCREW
15	4	MS27039-1-07	SCREW

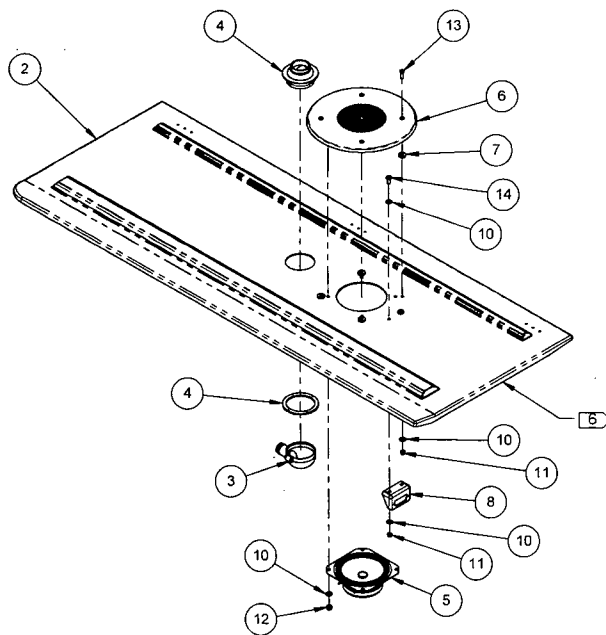
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED		DRAWING NO.	REV. PB3
MFG. APPR.		D4635	SHEET 3 OF 12
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	
DATE	12.07.25	NTS	

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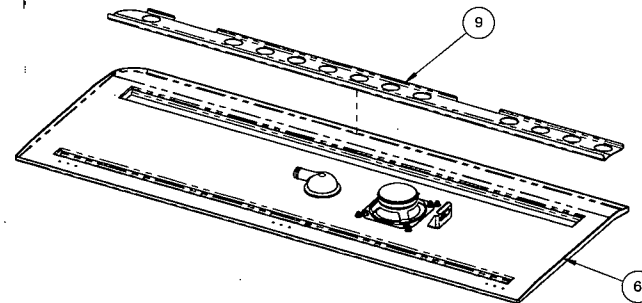


D4635-042 RH, FWD CEILING PANEL ASSY
AUXILIARY VIEW

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. PB3
MFG. APPR.		D4635	SHEET 4 OF 12
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
DATE	12.07.25	<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



ITEM NO.	QTY. -043	PART NUMBER	DESCRIPTION
1	X	D4635-043	LH, AFT CEILING PANEL ASSY
2	1	D4635-3	LH, AFT CEILING PANEL
3	1	D4646-1	PLENUM CAP ASSEMBLY
4	1	D4652-1	AIR VALVE, 1.16 ID DISK TYPE WITH NUT
5	1	D4655-1	SPEAKER
6	1	D4655-3	MOUNT BAFFLE
7	4	D4664-3	SPACER
8	1	D4669-1	BRACKET
9	1	D4695-3	CHANNEL
10	12	NAS1149D0332J	WASHER
11	6	MS21042L08	NUT
12	4	MS21044-N08	NUT
13	4	MS24694-S51	SCREW
14	2	MS27039-1-07	SCREW

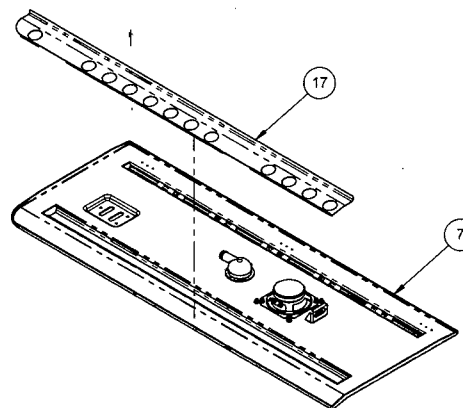
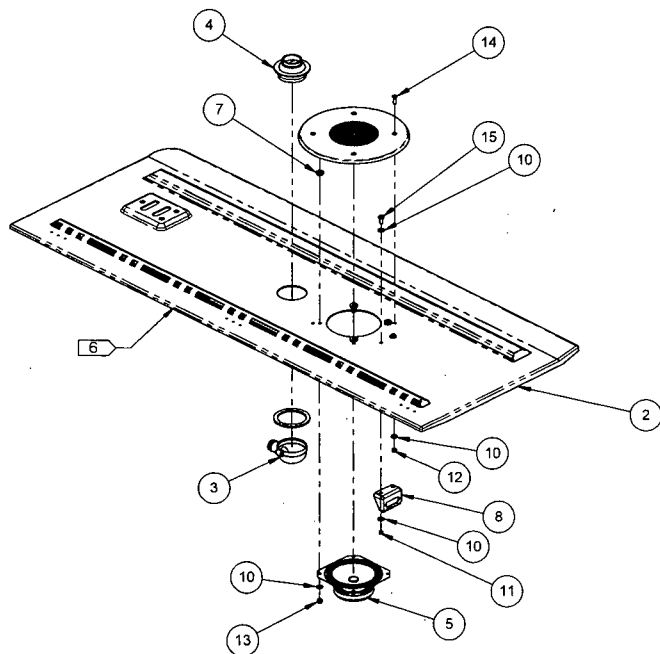


D4635-043 LH, AFT CEILING PANEL ASSY

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.4, ON SMOOTH SIDE
- 7) WEIGHT: 3.61 lbs

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. PB3
MFG. APPR.		D4635	SHEET 5 OF 12
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
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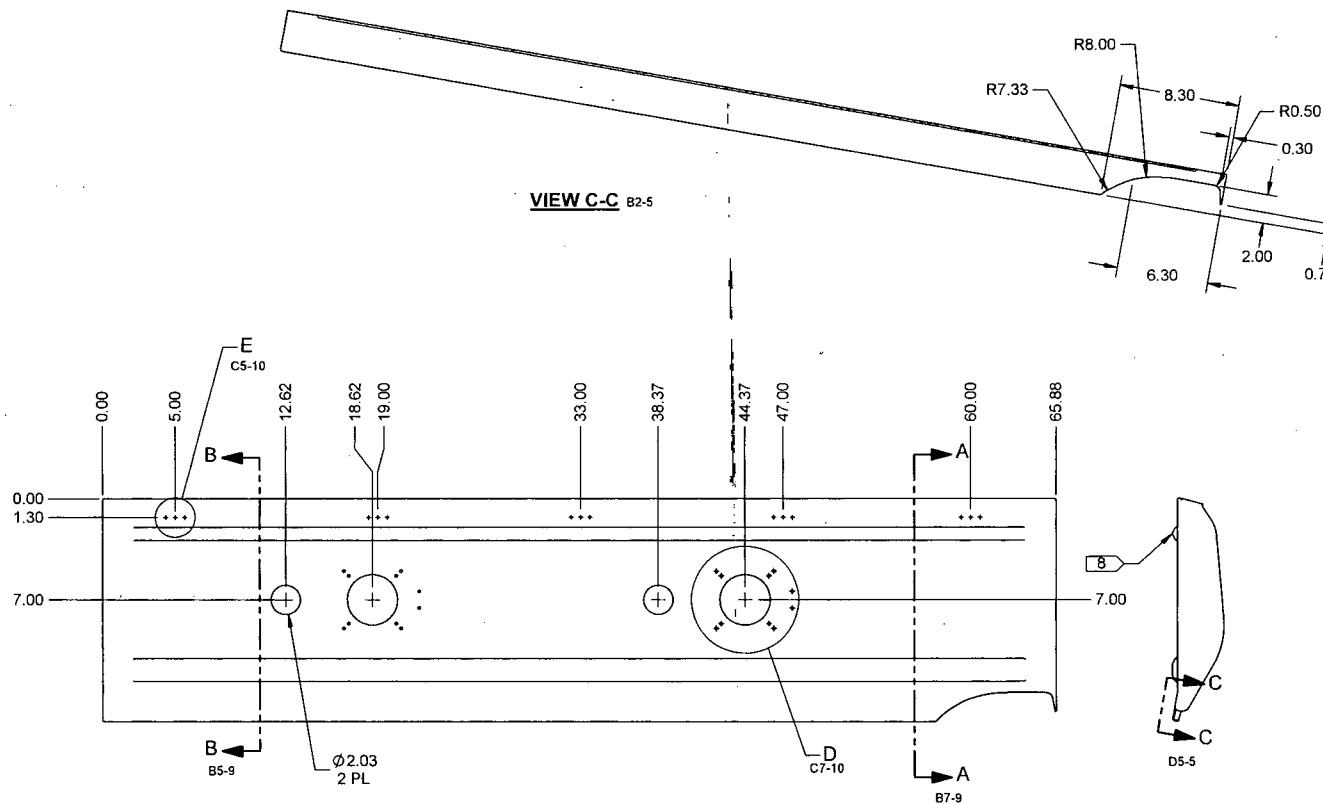
D4635-044 RH, AFT CEILING PANEL ASSY

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.4, ON SMOOTH SIDE
- 7) WEIGHT: 3.61 lbs

ITEM NO.	QTY. -044	PART NUMBER	DESCRIPTION
1	X	D4635-044	RH, AFT CEILING PANEL ASSY
2	1	D4635-4	RH, AFT CEILING PANEL
3	1	D4646-1	PLENUM CAP ASSEMBLY
4	1	D4652-1	AIR VALVE, 1.16 ID DISK TYPE WITH NUT
5	1	D4655-1	SPEAKER
6	1	D4655-3	MOUNT BAFFLE
7	4	D4664-3	SPACER
8	1	D4669-1	BRACKET
9	1	D4695-4	CHANNEL
10	12	NAS1149D0332J	WASHER
11	2	MS21042L08	NUT
12	4	MS21042L08	NUT
13	4	MS21044-N08	NUT
14	4	MS24694-S51	SCREW
15	2	MS27039-1-07	SCREW

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. PB3
MFG. APPR.		D4635	SHEET 6 OF 12
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
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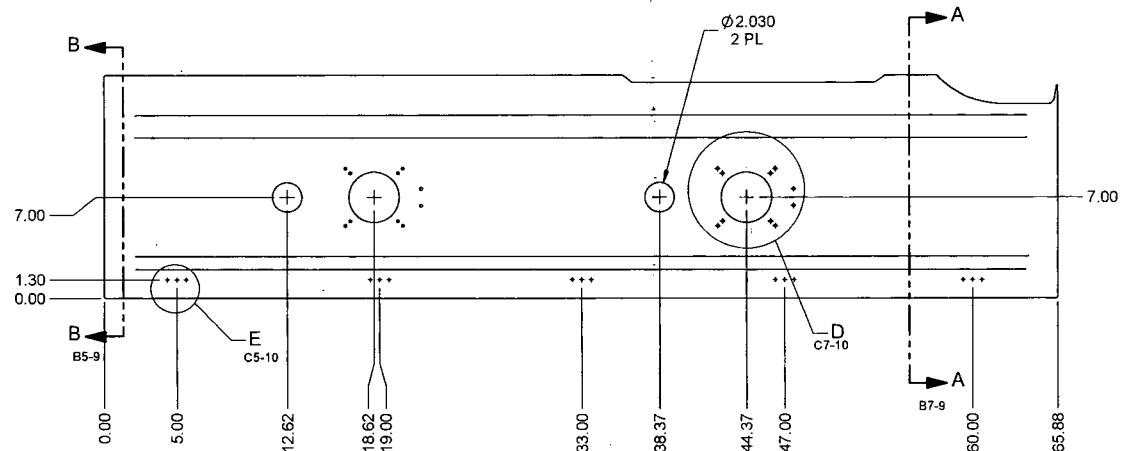
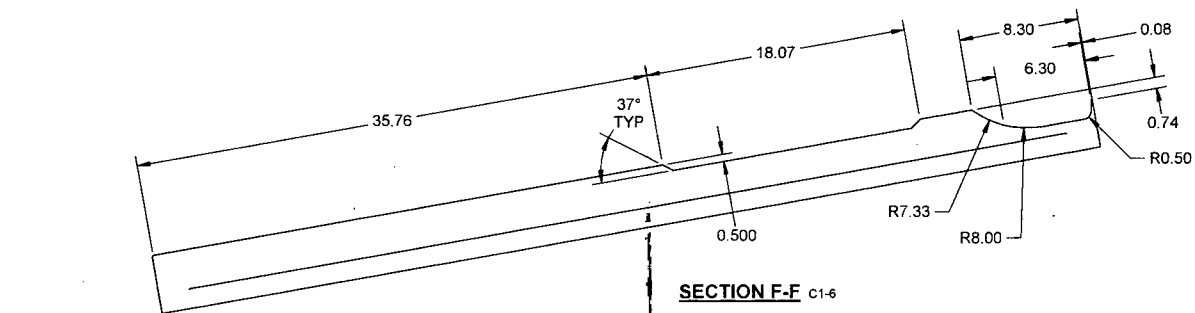


D4635-1 LH, FWD CEILING PANEL

NOTES:

- 1) MATERIAL: KYDEX 6185 SHEET, 0.080 THICK,
P3-VELOUR MATTE, IVORY #62015
PER DART SPEC MKYD6185S.080-P3-62015
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 4.28 lbs
- 8) TEXTURE ON THIS SIDE

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO. D4635	REV. PB3
MFG. APPR.		SHEET 7 OF 12	
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
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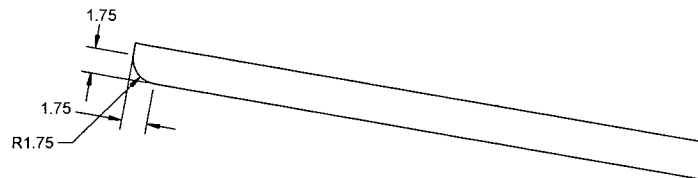


NOTES:

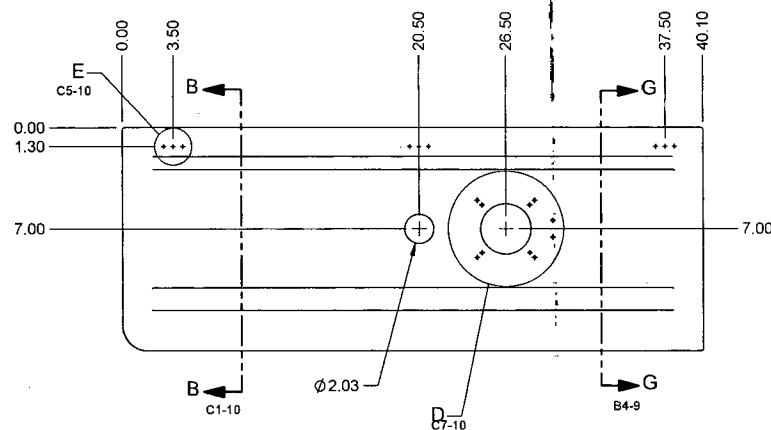
- 1) MATERIAL: KYDEX 6185 SHEET, 0.080 THICK,
P3-VELOUR MATTE, IVORY #62015
PER DART SPEC MKYD6185S.080-P3-62015
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 4.27 lbs
- 8) TEXTURE ON THIS SIDE

D4635-2 RH, FWD CEILING PANEL

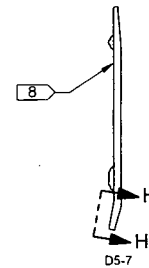
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. PB3
MFG. APPR.		D4635	SHEET 8 OF 12
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
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SECTION H-H B2-7



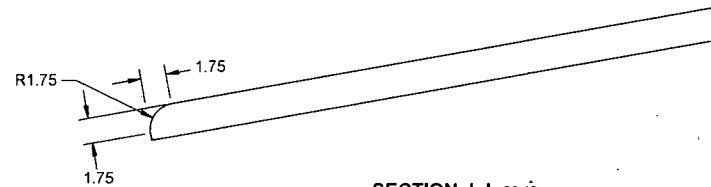
D4435-3 LH, AFT CEILING PANEL



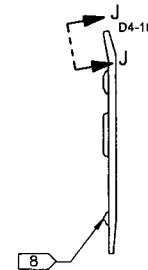
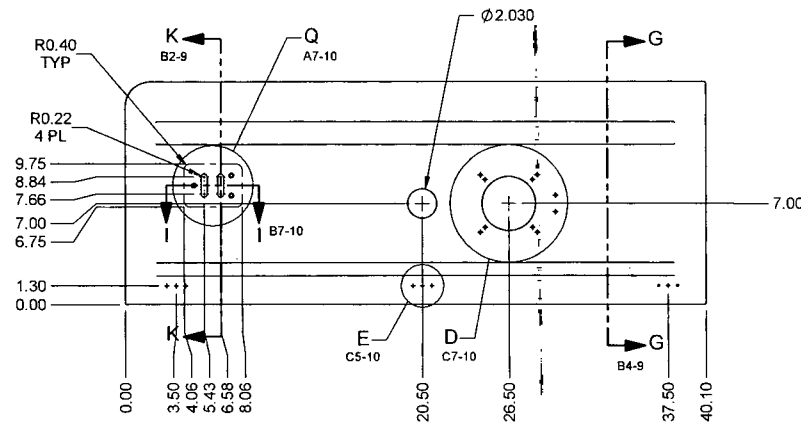
NOTES:

- 1) MATERIAL: KYDEX 6185 SHEET, 0.080 THICK,
P3-VELOUR MATTE, IVORY #62015
PER DART SPEC MKYD6185S.080-P3-62015
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 2.60 lbs
- 8) TEXTURE ON THIS SIDE

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED		DRAWING NO.	REV. PB3
MFG. APPR.		D4635	SHEET 9 OF 12
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
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SECTION J-J C2-10



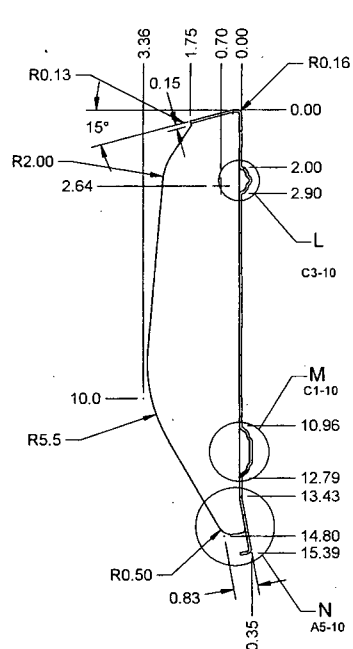
D4635-4 RH, AFT CEILING PANEL

NOTES:

- 1) MATERIAL: KYDEX 6185 SHEET, 0.080 THICK,
P3-VELOUR MATTE, IVORY #62015
PER DART SPEC MKYD6185S.080-P3-62015
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 2.60 lbs
- 8) TEXTURE ON THIS SIDE

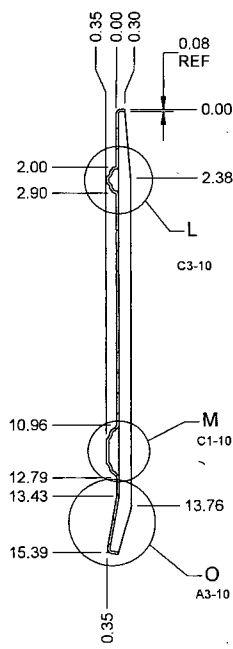
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO. D4635	REV. PB3
MFG. APPR.		SHEET 10 OF 12	
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
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8 7 6 5 4 3 2 1



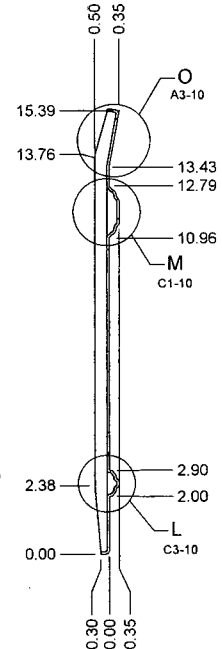
SECTION A-A
SCALE 2X

B3-5
B3-6



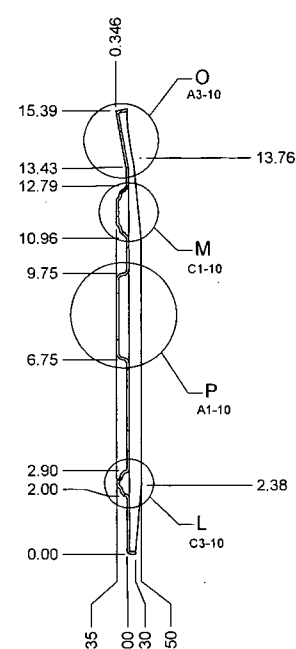
SECTION B-B
SCALE 2X

B7-5
B7-6



SECTION G-G
SCALE 2X

B4-7
B4-8

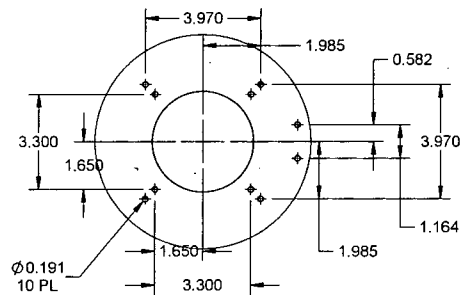


SECTION K-K
SCALE 2X

C6-8

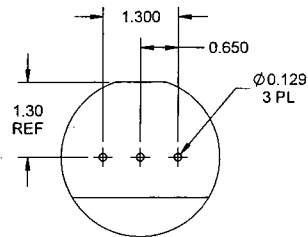
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DRAWN	RF		
CHECKED		DRAWING NO. D4635	REV. PB3
MFG. APPR.		SHEET 11 OF 12	
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
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8 7 6 5 4 3 2 1



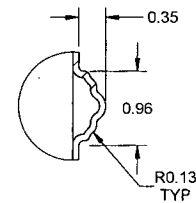
DETAIL D
SCALE 2X

B4-6
B3-6
B5-7
B5-8



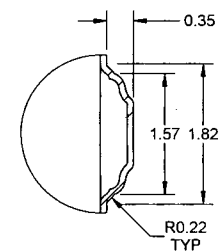
DETAIL E
SCALE 4X

C6-6
B6-6
C6-7
B5-8



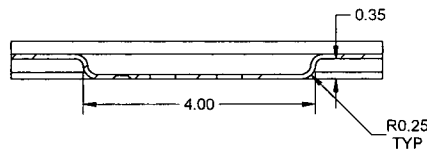
DETAIL I
SCALE 1.5X

B2-9
B3-9
C5-9
C6-9



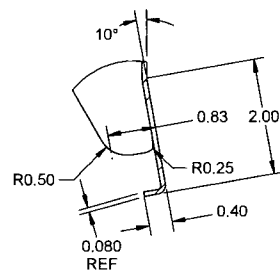
DETAIL M
SCALE 1.5X

C2-10
C3-10
C5-10
C7-10



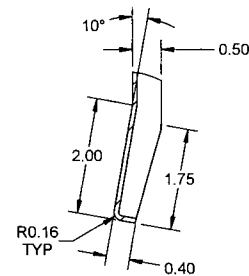
SECTION I-I
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B5-8



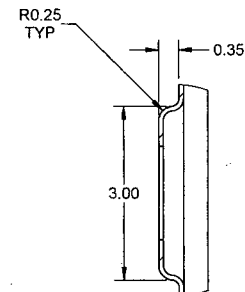
DETAIL N
SCALE 2X

B7-9



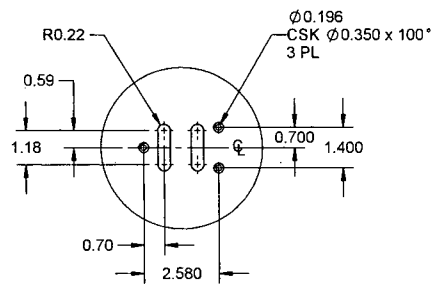
DETAIL O
SCALE 2X

D2-9
D3-9
D5-9



DETAIL P
SCALE 4X

C2-9



DETAIL Q
SCALE 2X

C5-8

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. PB3
MFG. APPR.		D4635	SHEET 12 OF 12
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD CEILING PANELS	NTS
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DART AEROSPACE LTD	Work Order: 88765
Description: Fus, Ceiling RH-	Part Number: D4635-2
Inspection Dwg: D4635-2 Rev: PR2	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST
THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than <u>N/A</u> "				
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by: DL **Date:** 12/08/02

TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.30		0.313"	✓		Umm DL-02	
0.50		0.514"	✓		Umm DL-02	
0.40		0.405"	✓		Umm DL-02	
1.75" 2.50 "		1.753"	✓		Umm DL-02	Changed in PR3.

Measured by: DL **Date:** 12/08/08

Audited by: DAS 16 **Date:** 12/08/08

Preliminary Approval: **Date:**

Rev	Date	Change	Revised by	Approved
B	10.04.14	Added preliminary approval	KJ	

10-04-14

Daryl Leger

From: Roberto Fuentes <rfuentes@dartaero.com>
Sent: Friday, August 03, 2012 12:53 PM
To: Daryl Leger
Subject: Regarding A139 panels

Hi Daryl,

We talking to Harvey the other day regarding A139 panels drawing, the drawing was done to get part/mold make up, now there are ok, we thinking eliminate few of those because much control by mold have a note say regarding about that and this makes easy for QC less dimension to check in the future. For most I need is trim dimensions and oval dimensions. Thinking about that, let me know if make sense to you?

Roberto

Receiving Report

Date: 11/01/11

Batch No: M116576

Supplier: SABIC

Dart P/O: 13140

Packing Slip: Yes ☒ No ☐
 Invoice: Yes ☐ No ☒
 Receipt: Cash ☐ Cr ☒

Release Note Attached: Yes ☒ No ☐ N/A ☐
 Waybill Attached: Yes ☒ No ☐ N/A ☐
 Shipment Complete: Yes ☒ No ☐ N/A ☐
 QC6 Inspection ☒ N/A ☐
 Work Order Sublot N/A ☒

Discrepancies

Part Number	Description	Quantity Ordered	Quantity Received	Quantity Returned	Quantity Short	Comments

Initials of receiver (if shipment OK) Level 12 [Signature]

Production/Admin: 11/01/11
 Date [Signature]
 Received/Costing [Signature]
 Initial [Signature]

Location THRM.

Purchase Order Receipt Listing

Page 1 of 1

Tuesday, January 11, 2011 1:16:20 PM

All amounts are calculated in domestic currency.

All Vendors PO ID PO13140 Receipt Dates from 1/11/2011 to 1/11/2011 All Line Item Types

All Item ID/GL/WOs All Rec. Employees All Currencies

Grouped by Vendor ID

Purchase Order ID/ Curr Type	Line Nbr/ Insp Req	Project ID	Reference/ Description/ Cert Std	PO U/M / Stock U/M	Required Date Required Qty	Recv Date/ Recv Emp	Recv Qty (PO U/M)	Cost Per Unit/ Recv Value	Inspected Qty/ Rejected Qty (PO U/M)	MRB Qty/ MRB Reject Qty	Book Amt
VendorID/Vendor Name		VC-GEP001	SABIC Polymershapes								
PO13140	I		MKYD6185S.080-P3-62015	sf	1/26/2011	1/11/2011	1,144.0000	\$8.07	0.0000	0	\$9,229.56
CAD	No		6185 KYDEX .080" 116576	sf	1,074.6584	DESJ02		\$9,229.56	0.0000	0	
											</

*** SHIPPER ***
*** Conversion/Fabrication ***

A/C 14.18

SABIC Polymershapes
1250 Old Innes Rd., Unit 519

Ottawa, Ontario K1B 5L3
PST 85637 2750 TR0001
PHONE: (613) 745-7043 FAX: (613) 745-4291

MIDLAND NIR# R-518639-1 Aug 10
Freight
7230655-8

Page: 1

SOLD TO: DART AEROSPACE LTD

SHIP TO: DART AEROSPACE LTD

1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
Canada

1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
Canada

1-613-632-5200

Our Order No	Customer	GST License	PST License	Invoice Terms	Ordered	Shipped	Taken By	RDD
O94407	DARAER	CHARGE GST	6112-5207	NET 30 DAYS	16.12.10		caldwellj	31.01.11
Ship.Doc.No	Salesrep	Customer P.O.#	Shipped Via	F.O.B.	Freight Terms		Inv. No.	Ship Date
01	93	13140	T S T		COLLECT			28.01.11

Ln#	Location	Ord	B/O	Ship Sku	Product Code	Description	U/Price
-----	----------	-----	-----	----------	--------------	-------------	---------

DELIVERIES TO BE DONE BEFORE
4:00 PM , ADVISE SHIPPING CO.

001	31	21	0 SHT	00610805	KYDEX 6185 - P3 - IVORY 62015
					.080 X 52 X 96

002	1	0	1 EA	0000005	THANK YOU FOR SELECTING
					SABIC POLYMERSHAPES

LINE No.	RECEIVING No.	PICKED BY	DATE	SHIPPED BY	DATE	VERIFIED	DATE

NO GOODS TO BE RETURNED WITHOUT APPROVAL FROM SABIC. ALL DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS.
ALL RETURNS MUST HAVE VALID RETURNED GOODS AUTHORIZATION NUMBER CLEARLY MARKED ON ALL PACKAGES.

SABIC
Polymers
Plastics

سابك
sabic

SABIC Polymershapes

1250 OLD INNES RD. 519 OTTAWA, ONT. K1B 5L3
TEL: 613 745 7043 FAX: 613 745 8163

CERTIFICATE OF COMPLIANCE

SOLD TO: DART AEROSPACE

DATE: 12/17/2010

YOUR PURCHASE ORDER: 13140

OUR SHIPPER NO: O94407

LINE ITEM # 1

33
QUANTITY: 21 PIECES

8/12/11

DESCRIPTION: KYDEX 6185 - P3 - IVORY 62015

THESE PARTS WERE MANUFACTURED IN ACCORDANCE WITH: FAR 25 . 853

THIS IS TO CERTIFY THAT THE MATERIAL FINISHES AND FUNCTIONAL REQUIREMENTS OF THE ABOVE LISTED PARTS ARE IN ACCORDANCE WITH THE REFERENCE PROCUREMENT SPECIFICATIONS, CONTROL DRAWINGS OR PARTS DESIGNATION AND LATEST REVISIONS AS REFERENCED ON THE SUBJECT PURCHASE ORDER.

AUTHORIZED REPRESENTATIVE SIGNATURE

Jon Caldwell

JON CALDWELL
BRANCH MANAGER



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO13140

Purchase Order Date 12/16/10
PO Print Date 12/16/10

Page Number 1 of 1

Order From :

SABIC POLYMERSHAPES
9150 AIRPORT ROAD
BRAMPTON, ON L6S 6G1
CA

VC-GEP001

Contact Name
Vendor Phone 800 267 1575
Vendor Fax 613 745 4291
Vendor Account Nbr

Buyer Chantal Lavoie
Requisition Nbr
Tax Resale Nbr 10127-2607
Terms Net 30
Currency CAD
FOB Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAKED
12/16/10

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	MKYD6185S.080-P3-62015	6185 KYDEX .080"	1/26/11 Yes	1,074.66 sf	TST ground	\$8.0678	\$8,670.13
		Special Inst:	MATERIAL: KYDER 6185, COLOR CODE: IVORY 62015 TEXTURE: P-3 VELOUR MATTE SHEET SIZE: 52" X 96" X 31 SHEET = 1074.6584 SF				
2	MDELINB2.000X02.000	DELIN BAR	12/28/10 Yes	8.00 f	TST ground	\$26.8400	\$214.72
		Special Inst:	MATERIAL: DELRIN II 150E OR ACETRON GP ACETAL COLOR: BLACK				

1144 RE
Nec 33 sheet

11/16/11

PO Total:

\$8,884.85

MATERIAL CERTIFICATION
REQ'D UPON DELIVERY

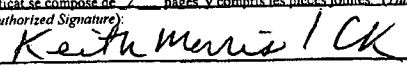
Change Nbr: 1

Change Date: 12/16/10

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required when applicable

Accord de Libre-Échange Nord-Américain Certificat d'Origine

North American Free Trade Agreement Certificate of Origin

1. Nom et Adresse de l'Exportateur (Exporter Name and Address) KYDEX LLC 6685 LOW STREET BLOOMSBURG, PA 17815 Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number) 27-0087605		2. Période Globale (Blanket Period) Du (JIMMAA): 01/01/11 (Effective Date DDMYY) Au (JIMMAA): 12/31/11 (Expiration Date DDMYY)			
3. Nom et Adresse du Producteur (Producer Name and Address) Same Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number)		4. Nom et Adresse de l'Importateur (Importer Name and Address) SABIC OTTAWA 1250 OLD INNES ROAD #519 OTTAWA ON K1B 5L3 CANADA Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number)			
5. Description des Produits (Description of Goods) KYDEX SHEETS "We certify that all wood packaging materials have been manufactured in compliance to ISPM #15 and are identified accordingly."	6. Numéro de Classement Tarifaire S.H. (HS Tariff Classification) 3920.99	7. Critère de Préférence (Preference Criterion) C	8. Producteur (Producer) YES	9. Coût Net (Net Cost) NO	10. Pays d'Origine (Country of Origin) USA
11. Certification d'Origine (Certification of Origin) J'alteste Que (I Certify that): <ul style="list-style-type: none"> Les renseignements fournis dans le présent document sont exacts et je me charge de prouver, au besoin, ce qui y est avancé. Je comprends que je suis responsable de toutes fausses assertions ou omissions importantes faites dans le présent document ou s'y rapportant: (The information on this document is true and accurate and I assume the responsibility for proving such representations. I understand that I am liable for any false statements or material omissions made on or in connection with this document): Je conviens de conserver et de produire sur demande les documents nécessaires à l'appui du certificat et d'informer, par écrit, toute personne à qui il a été remis, des changements qui pourraient influencer sur son exactitude ou sa validité: (I agree to maintain, and present upon request, documentation necessary to support this certificate, and to inform, in writing, all persons to whom the certificate was given of any changes that would affect the accuracy or validity of this certificate): Les marchandises sont originaires du territoire de l'une ou de plusieurs des parties et sont conformes aux exigences relatives à l'origine prévues dans l'Accord de libre échange nord-américain et, sauf exemption expresse à l'article 411 ou à l'annexe 401, n'ont subi aucune production supplémentaire ou autre transformation à l'extérieur du territoire des parties: (The goods originated in the territory of one or more of the parties, and comply with the origin requirements specified for those goods in the North American Free Trade Agreement, and unless specifically exempted in Article 411 or Annex 401, there has been no further production or any other operation outside the territories of the Parties): Le présent certificat se compose de <u>2</u> pages y compris les pièces jointes. (This certificate consists of <u>2</u> pages, including all attachments): 					
Signature Autorisée (Authorized Signature): 		Société (Company): Kydex LLC			
Nom (Name): KEITH MORRIS		Titre (Title): Logistics Manager			
Date (JIMMAA)(Date DDMYY): 01/06/11	Téléphone (Telephone): 570-387-6997		Télécopieur (Fax): 570-387-8722		



Canada Customs
Agence des douanes

CANADA CUSTOMS INVOICE

Page of
de

And Revenue Agency et du revenu du Canada

1. Vendor (name and address) - (Vendeur (nom et adresse))
KYDEX LLC
6685 Low Street
Bloomsburg, PA 17815

2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada
JANUARY 06, 2011

3. Other references (include purchaser's order No.)
Autres références (inclure le n° de commande de l'acheteur)
222031/00-J05914

4. Consignee (name and address) - Destinataire (nom et adresse)
SABIC OTTAWA
1250 OLD INNES ROAD #519
OTTAWA
CANADA ON K1B 5L3

5. Purchaser's name and address (if other than consignee)
Nom et adresse de l'acheteur (s'il diffère du destinataire)

6. Country of transshipment - Pays de transbordement

7. Country of origin of goods - IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS
Pays d'origine des marchandises ENTER ORIGINS AGAINST ITEMS IN 12.
SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12
USA

8. Transportation: Give mode and place of direct shipment to Canada
Transport: Précisez le mode et le point d'expédition directe vers le Canada

TRUCK

BLOOMSBURG, PA

9. Conditions of sale and terms of payment
(i.e. sale, consignment shipment, leased goods, etc.)
Conditions de vente et modalités de paiement
(p. ex. Vente, expédition en consignation, location de marchandises, etc.)
Net 30 days

10. Currency of settlement - Devises du paiement
US FUNDS

11. Number of Packages Nombre De colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Designation des articles (nature des colis, marques et numéros description générale et caractéristiques, p. ex. Classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	SELLING PRICE - PRIX DE VENTE	
			14. Unit price Prix unitaire	15. Total
1	3920.99 PALLET KYDEX "6185", SHEET 52"X 96".080 P3 62015 (33 PIECES) CUSTOMS BROKER: LIVINGSTON PHONE: 800-226-1875	1,1440.11 SQ FT	4.69000	\$5,365.36

18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box
Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures
Commercial Invoice No. /N° de la facture commerciale



16. Total weight - Poids total
Net 292.27
Gross - Brut 344.54
17. Invoice total
Total de la facture \$5,365.36

19. Exporter's name and address (if other than vendor)
Nom et adresse de l'exportateur (s'il diffère du vendeur)

20. Originator (name and address) - Expéditeur d'origine (nom et adresse)

21. CCRA ruling (if applicable) - Décision de l'Agence (s'il y a lieu)

22. If fields 23 to 25 are not applicable, check this box
Si les zones 23 à 25 sont sans objet, cochez cette case



23. If included in field 17 indicate amount:
Si compris dans le total à la zone 17, précisez:

(i) Transportation charges, expenses and insurance
from the place of direct shipment to Canada
Les frais de transport, dépenses et assurances
À partir du point d'expédition directe vers le Canada

(ii) Costs for construction, erection and assembly
incurred after importation into Canada
Les coûts de construction, d'érection et
d'assemblage après importation au Canada

(iii) Export packing
Le coût de l'emballage d'exportation

24. If not included in field 17 indicate amount:
Si non compris dans le total à la zone 17, précisez:

(i) Transportation charges, expenses and insurance
to the place of direct shipment to Canada
Les frais de transport, dépenses et assurances
Jusqu'au point d'expédition directe vers le Canada

(ii) Amounts for commodities other than buying
commodities
Les montants autres que celles versées
pour l'achat

(iii) Export packing
Le coût de l'emballage d'exportation

25. Check (if applicable):
Cochez (s'il y a lieu):

(i) Royalty payments or subsequent proceeds are
paid or payable by the purchaser
Des redevances ou produits ont été ou seront
versés par l'acheteur

(ii) The purchaser has supplied goods or services
for use in the production of these goods
L'acheteur a fourni des marchandises ou des
marchandises

Dans ce formulaire, toutes les expressions désignent des personnes visant à la fois les hommes et les femmes.

CII (00) Printed in Canada - Imprimé au Canada

A466

TST Overland Express

P.O. Box 2020, Station A, Mississauga, Ontario L5A 3S3
G.S.T.# 144612488
Overland Western International Inc./OVEI
3991 Rockwell Avenue, Cleveland, Ohio 44115-3611

Carrier Code
Code du Transp.
2153



Division of TST Solutions LP.
Une division de TST Solutions LP.
DUNS: #012410461 (OVLD)

PU Trailer - Unite Osell

L/H Trailer - Unite Route

859836

736-3864184

4

Manifest From - Manifest de

To - A

0007349

NS

Purchase Order No. - N° de Commande

1

10

11

M

D.J

Y.A

Consignee - Consignataire

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7

Shipper - Expéditeur

SABIC POLYMERSHAPES
1250 OLD INNES RD UNIT 519
OTTAWA, ON K1B 5L3

Origin

Dest.

CD

OTT

MTL

4

Declared Value - Valeur déclarée

Type - Genre

STD 0 01

Bill To - Facturer à

Origin Carrier - Premier Transporteur

O/C Pro No. - N° Facture P/T

M

D-J

Beyond Carrier - Transporteur subs.

S.R.

Amount - Montant

Pieces - Coils H.M.

Description

Weight - Poids

Rate - Taux

Charges - Frais

1

SKD STC 33 SHTS KYDEX 6185
RATED AS
SO#094407
23.6 CFT
96X53X8
ORIGINAL STATED WT 250 LBS
SCALED TO 750 LBS
FUEL SURCHARGE
Printed on 01/11/2011 @ 07:41
** COLLECT **

750
1,000

COLLECT

COLLECT

Total Pieces

Coils total

GST# 144612488

Total Weight

Poids total

1,000

Total Charges

Frais totaux

COLLECT

E & OE

Print Last Name

A TransForce Company

Connecting Carrier Please - Protect this Amount

Any loss or damage must be noted on pro bill at time of delivery, otherwise consignee's signature will constitute clear receipt.

Toutes pertes ou dommages doivent être notés sur le connaissement au moment de la livraison, autrement la signature du consignataire constituera un reçu final.

C.O.D.

Total

P.S.L.

Cash or Certified Cheque Only - Driver Collect This Amount

Chèque visé ou argent comptant seulement - à percevoir par le chauffeur

X
Received in Apparent Good Order - Reçu sans Avoir Apparente

Date

11 JAN 11

Time In

Time Out

Unit - Unité

Unit - Unité

Driver - Chauffeur

Driver - Chauffeur

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Terms: Net 7 Days, Overdue Balance Subject to Interest Charges

Conditions: 7 Jours, compte en 5% d'intérêt Sujet à Intérêts

080-0981 04/06